Effective November 10, 1998														
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ımn 2)		SMAL	L ENTITY		OTHE	R THAN ENTITY	
FOR			NUMB	ER FILED	NU	MBER	EXTRA	1	RATE	FEE	٦	RATE	FEE	1
BASIC FEE			A	And the Manager		<del></del>	<del></del> .			380.0	OR		760.00	1
TOTAL CLAIMS			81	minus	20= *	Ü			X\$ 9=		OR	X\$18=	1098	7
IN	DEPENDENT C	LAIMS	4	minus	3 = *	1			X39=	<b>†</b>	OR	V70	198	1
ML	MULTIPLE DEPENDENT CLAIM PRESENT										7		10	1
* H	* If the difference in column 1 is less than zero, enter "0" in column 2										OR		1436	┨
CLAIMS AS AMENDED - PART II												OTHER	• • • • •	1
(Column 1) (Column 2) (Column 3) SM/											OR	SMALL		
AMENDMENTA		REM/ AF	AINING TER DMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 8	/	Minus	** 8	/	=		X\$ 9=		OR	X\$18=		
AME	Independent	* '	7-	Minus		4	= -		X39=		OR	X78=		1
	FIRST PRESE	NIAHO	N OF M	ULTIPLE DE	PENDENT	CLAIM		╹┞	+130=		OR	+260=		H
								L	TOTAL		ا کے ا	TOTAL		42
5	10/05	(Colu	ımn 1)		(Colum	ın 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	L	
AMENDMENT B		REMA AF AMEN	NIMS NINING TER DMENT		HIGHE NUMB PREVIO PAID F	ST Er USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ALL A.B.
	Total	- 6	<u>5</u>	Minus	* 8		=	L	X\$ 9=		OR	X\$18=		m
AR	Independent FIRST PRESE	* TATIO		Minus JLTIPLE DEF	PENDENT	CLAIM	•		X39=		OR	X78≃		B
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+260=		P
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEE		1
			mn 1)		(Colum		(Column 3)				_			
AMENDMENT C		REMA	IMS INING TER OMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		e		X\$ 9=		OR	X\$18=		
	Independent	*	1054	Minus	***	21 444	8		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=											1 1	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+20U=		
	th "Highest Num he "Highest Num!	nbrPrv	riously Pai	id For IN THIS	S SPACE is I	ess than	3. enter *3.*		DIT. FEE	propriat bo	_	ODIT. FEE		

Application or Docket Number